

NH MEDICAL CONTROL BOARD

**Richard M. Flynn Fire Academy
222 Sheep Davis Road
Concord, NH**

APPROVED MINUTES

March 18, 2004

Members Present: Donavon Albertson, MD; Tom D'Aprix; Frank Hubbell, DO; Douglas McVicar, MD; Joseph Sabato, MD; William Siegart, MD; Chris Fore, MD; John Sutton, MD; Mary Valvano, MD; Sue Prentiss, Bureau Chief

Members Absent: Jeff Johnson, MD; Patrick Lanzetta, MD; Jim Martin, MD; Joseph Mastromarino, MD; Norman Yanofsky, MD; Joseph Cravero, MD

Guests: David Hogan; Doug Martin; Jeanne Erickson; Dave Dubey; Jonathan Dubey; Jon Bouffard; Fred Heinrich

Bureau Staff: Kathy Doolan, Field Services Coordinator; Fred von Recklinghausen, Research Coordinator; Bill Wood, Preparedness Coordinator; Clay Odell, Trauma Coordinator; Will Owen, ALS Coordinator.

I. CALL TO ORDER

Item 1. The meeting of the NH EMS Medical Control Board was called to order by Doug McVicar, MD on March 18, 2004 at the Richard M. Flynn Fire Academy in Concord, NH.

II. ACCEPTANCE OF MINUTES

Item 1. January 15, 2004 minutes: Motion was made by Dr. Donavon Albertson and seconded by Dr. Frank Hubbell to accept the minutes as presented. Motion passed unanimously.

DISCUSSION AND ACTION PROJECTS

Item 1. The Chair introduced Dr. Tom D'Aprix, MD. to be considered as a new member to the Medical Control Board. Dr. D'Aprix is from Manchester and will be representing the Manchester area to the Medical Control Board.

Motion was made by Dr. Sabato to accept Dr. D'Aprix to the board. Dr. Albertson seconded motion. Dr. D'Aprix was unanimously accepted.

John Clark will be composing a formal reappointment letter to request that the Regional Councils re-nominate members of the Board for the next three year term. Each member needs to let Dr. McVicar know if he or she wants to continue to be a member. This can be a private conversation between the member and Dr. McVicar.

Item 2. The following protocols were sent to all board members as .pdf files – hard copies were included in the meeting folders. Dr. Albertson led a detailed review of each protocol on the agenda. The following are protocols were reviewed:

- Pediatric Asystole 3.1
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- Seizures – Pediatric
- Seizures – Adult
- Pediatric Fever (>101.5 F / 38.5 C)
- Adult Fever (>101.5 F / 38.5 C)
- Congestive Heart Failure (Pulmonary Edema) 3.5
- 2.13 Pain Management
- 3.3 Acute Coronary Syndromes

Numerous revisions were discussed. Those that were approved will be posted on the website for review.

The Chair thanked everyone for their hard work. This is coming along very well.

Break: 10:45

Note: During break Dr. Hubbell offered board members FREE 10-year subscriptions to the online edition of the Wilderness Medicine Newsletter. Please contact Dr. Hubbell regarding signups.

Item 3. Helicopter Use in Trauma - Dr. Sutton and Clay Odell

Clay Odell gave a handout to members comprising: the present NH Protocol for “Adult Patient Status Determination & Transport Decisions”, “Massachusetts Statewide Trauma Triage Guidelines for Air Medical Services”, and the NH Air Medical Statistics for a 12 month period in 2002-2003.

Review of the NH data showed that only 23% of trauma patient transports were scene transports. This is significantly lower than the national average. Dr Sutton reported that over the lifetime of the DHART program, now about 10 years, there has been very little change in utilization patterns.

The first step in the NH Trauma Transport Protocol, even for Status I (critical) and Status II (serious) patients, is to contact Medical Control. This requirement was originally put into place to prevent overtriage. Instead, what is often seen is that it results in the opposite – undertriage and a significant delay in the patient’s ultimate arrival at the trauma center. Clay Odell noted that the Massachusetts Trauma Triage Guidelines do NOT require that medical control be contacted before EMS personnel request air medical support.

Although the literature on Air Transport of Trauma Patients is not definitive, Dr. Sutton stated that he feels the time has come to discuss the rationale for our trauma transport protocols. Clay Odell stated that he is not looking for protocol revision as a single measure, but as part of a system-wide trauma upgrade, including elements such as dispatch, training of field personnel and cooperation with hospital trauma directors. Clay Odell said he feels that awareness of transport options and indications needs to be bolstered by education on the subject.

Dr. Sutton stated that the recommendation of the Trauma Medical Review Committee is that the Medical Control Board revisit the Trauma Transport Protocol. Statewide consistency is especially important in this area since DHART could be called to any district in the state. Dr. McVicar purposed to Dr. Albertson that the Trauma Medical Review Committee authorize the requested Protocol, working closely with Dr. Sutton and Trauma Medical Review Committee, and bring it back to the May or July Medical Control Board meeting for review.

Item 4. EMS Bureau report – Prentiss. [Please see attached report for full text.] Chief Prentiss asked that the board stand in a moment of silence for the loss of staff member Kim Mattil's son, Joel Morin, and the Laconia Firefighter/EMT, Mark Miller. Our thoughts are with families.

Chief Prentiss announced that preparations are underway for EMS week that begins on May 16th. Dr. Nadine Levick will be speaking on New Safety Initiatives in Ambulance Transport. On May 19th Steve Achilles will be doing his program on Provider Risk Reduction. The Bureau will be looking to teleconferencing these events and should start advertising the beginning of April.

III. INCUBATING PROJECTS & SUBCOMMITTEE REPORTS

Item 1. ACEP – Dr. Sabato

There is a Strategic Planning meeting on March 22, 2004 at Shaker Village. Please RSVP to the ACEP office in Concord for registration.

Discussion regarding the ACLS Program and process, including on-line versions.

Item 2. Board of Pharmacy – Dr. McVicar

Dr. McVicar will be meeting with the Board of Pharmacy next month to present to them Levalbuterol. Also to acquaint the Pharmacy Board with our new 2-year Protocol cycle and to learn at what points they would like to be updated, and when they would like to consider requests for changes in the approved drug list. This is also will also be an opportunity to begin the discussion of the possibility of specifying approved drugs by class rather than specifically by agent.

Item 3. EMS Immunization Project – Dr. Sabato

Dr. Sabato stated that the training is prepared and ready. Funding has been delayed, though not eliminated, by the transition of BioTerrorism personnel from the Department of Health and Human Services to the Department of Safety. Dr. Sabato is willing to expand the training. It's important not to lose that initiative

while the Departments are sorting out their different rolls in this. We need to exercise our responsible to move this forward. Dr. Sabato is looking to the board to have the go ahead to contact some resource hospitals to roll out some of the training. He requested that someone from each hospital that wants to participate should contact Dr. Sabato. Discussions pursued regarding the pilot program.

Item 4. Intersections Initiative – Dr. Sabato

Handout was given to Board regarding the Enhanced EMS Injury Prevention Training Program is a National Pilot. We have two students who participated, Eric and Fred. We have been able to train eleven EMS participants in injury prevention. Their final outcome will be the community-based project. Dr. Sabato felt the course had gone very well. We would like to move forward with this and repeat the offering again in the fall as well as develop some other modules to meet some other needs. One of these modules would be Falls Prevention.

The Impaired Driving Summit was held last year. One of the outcomes of the Summit was people were interested in a broader look at impaired driving. We are now in the process of developing an expert panel of physicians and others to look at the issue of driving guidelines. At present there are no medical driving guidelines in NH other than you must have 20/40 vision. Other states have much more extensive medical guidance for obtaining a driver's license. We are looking to see if we can develop the NH version of those guide lines. The present rules provide that with the drivers' permission the physician can contact the Department of Motor Vehicles.

Item 5. NH E-911 Report – Bill Wood

Steve L'Heureux was in Legislative session and was not able to attend the meeting. Bill Wood reported that he and Steve L'Heureux continue to do EMD presentations on the operation of 911, and how EMD can assist the provider out there in the street, from a patient care perspective. A recent class in New London was attended by 40 students.

EMD compliance reporting is going well. Bill Kinch is now working part-time with E-911 as EMD quality control supervisor. Due to the volume of calls E-911 is looking at hiring on a second Paramedic on a part-time basis.

Dr. Mastromarino of Exeter Hospital asked for Steve L'Heureux, Bill Wood, and the dispatch supervisor of Rockingham County Sheriff's Dept to sit down and work with them on using Determinant Descriptors to automate deployment of ALS resources.

Jack Stout, of Stout Solutions has developed an electronic system for doing biosurveillance using data from 911 calls. This would allow the earliest possible recognition of trends that are being established. Bill Wood has provided E-911 with a long list of potential EMS interested people who would like to be involved with this project.

The Chair asked that the Board and the Bureau of EMS Research Group be kept in the loop on this. Bill stated he would continue to keep the Board and Group informed.

Item 6. Northern NH Disaster Medical Assistance Team (DMAT) – N. Yanofsky/D. Albertson

Dr. Albertson was looking ahead in terms of collaboration on regional resources for “really nasty” mass-casualty events. There might be advantages in trying to move the Northern New England DMAT team concept forward. This effort should be made in a collaborative fashion with a number of interested parties. There is someone at Dartmouth that is interested. A guest noted that Dr. Rob Gougelet is probably the best contact person at DHMC.

Janet Houston is on the NNHDMAT steering committee, but, she stated, they have not yet had any meetings. There was to be meeting held yesterday in Worcester for the staff. We may want to invite Rob Gougelet to one of our meetings to talk about this.

Dr. Sabato mentioned that Rob Gougelet has been working with the funding for the MMRS. There are three grantees in the state under the Medical Reserve Core. The three locations are Nashua, Littleton, and one Derry. They have been working with Rob trying to coordinate the volunteer activities. We want to be able to bring in the Basic Disaster Life Support and the Advance Disaster Life Support into NH. We are hoping to be able to do this for the fall. This is a course that is being rolled out by the American Medical Association through all the courses in preparing for disaster. These would all roll out together to provide one that would be the standard just like BLS or ALS is the standard for cardiac care. It's the same sort of standard and they all these groups came together on this with the hundreds that were going on after post 9/11. We have funding through the State Citizen Core Council to bring this course portentously free to NH. Then we would need to create a statewide standard training availability.

The Chair asked if the Board would like to hear more about NNHDMAT and MMRS. There was much interest in hearing more on these topics. Janet Houston offered to contact Rob Gougelet to invite him to attend an upcoming Medical Control Board meeting. This discussion might also be of interest to members of the Coordinating Board.

Item 7. NH Trauma System – Dr. Sutton

The re-verification survey has been completed that will be sent out shortly to all the previously verified hospitals in NH. The Trauma Committee is attempting to avoid the need for a geographic on-site visit, and trying to minimize the tabulation component of it as it relates to equipment. An important issue that the Committee would like to address is subspecialty coverage – especially neurosurgery -- as it relates to trauma care.

Venue for Meetings

Dr. Albertson questioned if the venue change for summer meetings had been a good thing or problematic for Board members? Discussion followed regarding the traveling distance and times. Individual members vary greatly in this.

Dr McVicar noted that attendance on the road has been approximately the same as in Concord. He stated that he had hoped that these meetings being held on the road would include “EMS Town Meetings” to which the local community is

invited. There has not been as much local support as he would have hoped for this.

Chief Prentiss felt that it was important to be out in the community, and show our support to the local areas. It was agreed that the Board and the EMS Bureau would make a stronger effort to encourage local attendance for the upcoming meetings. If members have suggestions about venues or encouraging participation in "EMS Town Meetings" please submit them to John Clark.

ADJOURNMENT

Motion was made by Dr. Sabato and seconded by Chief Prentiss to adjourn. Unanimous agreement adjourned at 12:05.

VI. NEXT MEETING

Will be held on May 20, 2004 at 9:00 at the Richard Flynn Fire Academy in Concord, NH.

Respectfully Submitted,

Suzanne M. Prentiss, Bureau Chief, EMS
(Prepared by Wanda Botticello, Executive Secretary)